


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 13, 2005 8:00 am
Secretary of State

05-13-2005 90228 030 ****61.25

DOCUMENT # N98000000441			
1. Entity Name WOMEN OF ZION INTERNATIONAL, INC.		Principal Place of Business 6821 CAVACADE DR. BLDG. 39T TAMPA, FL 33614	
Mailing Address PO BOX 15101 TAMPA, FL 33684		50052471	
2. Principal Place of Business 1724 1/2 E. FERN Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State TAMPA, Florida		City & State	
Zip 33610		Country U.S.	
4. FEI Number 59-3489382		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GARBETT, JAMES S ESQ 10014 N DALE MABRY SUITE 101 TAMPA, FL 33618		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reissuing) DATE _____			
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO COLE, PAULINE L 2424 TAMPA BAY BLVD L 101 TAMPA, FL 33607 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Pauline L. COLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1724 1/2 E. FERN Tampa Florida 33610
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WATSON, MARY ANN 6408 N. 24TH STREET TAMPA, FL 33610 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Brenda Greenway <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10346 Chadbourne DR. Tampa, Florida 33624
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TOXNG, YOLANDA P.O. BOX 4116 TAMPA, FL 33679 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Virginia Helper <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 701 E. Ohio street Plant City, Florida 33563
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CLEMONS, CLAUDIA 8007 N KLONDYKE TAMPA, FL 33604 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Claudia Clemons <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1323 E. Liberty street Tampa Florida 33612
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>Pauline L. Cole (PAULINE L. COLE)</u>		Date: <u>813-2360429</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	